



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PERRY COUNTY MEMORIAL HOSPITAL

City of Hospital: Tell City

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1322

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20756793
Outpatient Patient Service Revenue	\$52197174
Total Gross Patient Service Revenue	\$72953967

2. Deductions From Revenue

Contractual Allowance	\$36282816
Other Deductions	\$407332
Total Deductions	\$36690148

3. Total Operating Revenue

Net Patient Service Revenue	\$36263819
Other Operating Revenue	\$1351344
Total Operating Revenue	\$37615163

4. Operating Expenses

Salaries and Wages	\$9684522	Employee Benefits	\$4562267
Depreciation and Amortization	\$974828	Interest Expense	\$77568
Bad Debt	\$5312005	Other Expenses	\$14121201
Total Operating Expenses	\$34732391		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2882772	Total Assets	\$36532049
Net Non-operating Gains over Loss	\$-1778108	Total Liabilities	\$4786589
Total Net Gains	\$1104664		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$32614068	\$20417944	\$12196124
Medicaid	\$10069340	\$7135826	\$2933514
Other Government	\$371322	\$407332	\$-36010
Other State	\$0	\$0	\$0
Other Payers	\$29899237	\$8729046	\$21170191
Total	\$72953967	\$36690148	\$36263819

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$51222	\$21688	\$29534

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	45
Number of Hospital Patients Educated	46706
Number of Citizens Exposed to Health Education Messages	2281

Statement Six: Charity Statement

Hospital Charity Charges	\$2143877
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$826488	
HCI Payments	\$0		
Subtotal	\$0	\$826488	\$-826488
Medicaid Shortfalls	\$1358326	\$2527675	
Subtotal	\$1358326	\$3354163	\$-1995837
DSH Payments	\$206,919		
Subtotal	\$1565245	\$3354163	\$-1788918
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1565245	\$3354163	\$-1788918

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$45575	\$-45575
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0